

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

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12M2/0708

SEP 24 1997

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

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Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	00	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/604,950	02/22/96	007	00	REAMER, J	1205 07/08/97
First Named Applicant	FRANCOIS,			MARC K. J.	

TITLE OF INVENTION ORAL FORMULATIONS OF AN ANTIFUNGAL

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 JAB-948	514-058.000	P06	UTILITY	NO	\$1290.00	10/08/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Charles J. Metz

2

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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) R-7-22-96 R-8026 C-348

(1) NAME OF ASSIGNEE:

JANSSEN Pharmaceutica, N.V.

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Beesee, Belgium

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Issue Fee Advance Order - # of Copies _____

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Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *See P. 6* REC'D. NO. 24,772 (Date) 9-24-97

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